

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 02/12/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 02/14/2006						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN M H/DD/SAS	8505	11093	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	79	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	9	11181	11181	0
		8935	5	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404904	WESTERN HIGHLAN DS LME	8537	15	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		191	13	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	34	6777	6743
		21	2	DUPLICATE OF CLAIM-SYSTEM				
3404910	PATHWAYS	8505	6071	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	477	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	6933	8189	1246
		8537	182	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404912	CATAMBA COUNTYM ENTAL HEALT	21	377	DUPLICATE OF CLAIM-SYSTEM				
		8931	163	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	184	637	2991	2354
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	MECKLENBURG COM ENTAL HEALT	11	1	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	1	1	0
3404916	CROSSROADS BEHA VIORAL HEAL	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404917	CENTERPOINT HUM AN SERVICES	8505	411	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		79	111	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	30	655	3378	2723
		8518	37	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	21	19	DUPLICATE OF CLAIM-SYSTEM				
		8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	43	223	180
		5404	5	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404920	ALAMANCE CASWEL L AREA MH D	8505	3309	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		79	187	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	17	3654	5329	1675
		5404	61	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404921	ORANGE PERSON C HATHAM AREA	8505	813	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	192	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	15	1394	4466	3072
		8599	190	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8599	864	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	393	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	47	1972	9168	7196
		8535	262	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404923	FIVE COUNTY MH	11	291	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	40	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	408	2450	2042
		8000	30	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	2468	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	245	DUPLICATE OF CLAIM-SYSTEM	102	3500	8105	4605
		8599	205	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	272	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	164	DUPLICATE OF CLAIM-SYSTEM	82	553	2699	2146
		8931	41	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404927	CUMBERLAND CO M HC	8505	1218	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	111	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1609	4118	2509
		21	100	DUPLICATE OF CLAIM-SYSTEM				
3404929	LEE HARNETT MHL/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	177	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	25	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	2	220	310	90
		10	8	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404931	WAKE CO HUM SVC BILLING OF	11	107	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8621	50	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	17	344	2939	2595
		8599	42	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	614	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	63	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	17	757	2871	2114
		8536	22	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404934	ONSLow CARTERET BEHAV HEAL	8599	55	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	18	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	7	160	649	489
		8518	16	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 ~ JUNE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	58	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	10	74	4034	3960
		191	3	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

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3404937	EDGEcombe NASH MNTL HLTH C	8518	387	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8000	16	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	430	3280	2850
		21	14	DUPLICATE OF CLAIM-SYSTEM				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	21	1076	DUPLICATE OF CLAIM-SYSTEM				
		8505	232	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	1592	2676	1084
		8599	107	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S AS CENTER	8537	390	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		8599	98	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	19	805	2623	1818
		27	91	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404942	ROANOKE CHOWANH UMAN SERVIC	21	121	DUPLICATE OF CLAIM-SYSTEM				
		8599	48	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	185	526	341
		8931	4	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
3404943	ALREMARLE MENTA L HEALTH CE	11	43	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		79	41	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	25	157	1837	1680
		8599	25	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	8599	59	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	56	DUPLICATE OF CLAIM-SYSTEM	4	161	1008	847
		79	30	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	21	14579	DUPLICATE OF CLAIM-SYSTEM				
		8599	737	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	97	17496	32459	14963
		79	449	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				

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3404957	TIDELAND MENTAL	8518	175	CLAIM DENIED, SUBMITTED BEYOND			
	HEALTH CTR			FILING TIMELIMIT. PRIOR			
				FISCAL YEAR DOS (JULY 1 - JUNE			
		8931	11	AMTNC INELIGIBLE TO RECEIVE SE	12	223	2240
				RVICES IN IPRS.			2017
		8505	10	CLAIM DENIED DUE TO INSUFFICIE			
				NT BUDGET			
3404979	NEW RIVER AREAM	8505	1684	CLAIM DENIED DUE TO INSUFFICIE			
	H/DD/SA PRO			NT BUDGET			
		8800	18	FURTHER PROCESSING NECESSARY,	1	1706	1932
				PLEASE CHECK FOR CLAIM ON			226
				FUTURE RA'S.			
		8518	2	CLAIM DENIED, SUBMITTED BEYOND			
				FILING TIMELIMIT. PRIOR			
				FISCAL YEAR DOS (JULY 1 - JUNE			